

Members

Rep. Susan Crosby, Chairperson  
Rep. Gloria Goeglein  
Sen. Steven Johnson  
Sen. Cleo Washington  
Robert Bonner  
David Giles  
Galen Goode  
John Huber  
Gloria Kardee  
Jerri Lerch  
Amelia Cook Lurvey  
Janet Marich  
Stephen Spindler  
Judith Tilton



# INDIANA COMMISSION ON MENTAL HEALTH

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## MEETING MINUTES<sup>1</sup>

Meeting Date: August 28, 2000  
Meeting Time: 1:00 P.M.  
Meeting Place: Park Center, 909 E. State Blvd.,  
Auditorium  
Meeting City: Ft. Wayne, Indiana  
Meeting Number: 3

**Members Present:** Rep. Susan Crosby, Chairperson; Rep. Gloria Goeglein; Sen. Steven Johnson; Robert Bonner; Galen Goode; John Huber; Jerri Lerch; Amelia Cook Lurvey.

**Members Absent:** Sen. Cleo Washington; David Giles; Gloria Kardee; Janet Marich; Stephen Spindler; Judith Tilton.

Representative Susan Crosby called the Indiana Commission on Mental Health (Commission) meeting to order at 1:00 p.m. Representative Ben GiaQuinta gave welcoming remarks to the Commission and members of the audience. The chairperson began to receive testimony.

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<sup>1</sup> Exhibits and other materials referenced in these minutes can be inspected and copied in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for copies may be mailed to the Legislative Information Center, Legislative Services Agency, 200 West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for copies. These minutes are also available on the Internet at the General Assembly homepage. The URL address of the General Assembly homepage is <http://www.ai.org/legislative/>. No fee is charged for viewing, downloading, or printing minutes from the Internet.

**Dr. Larry Lambertson, Medical Director/Psychiatrist, Park Center**

Dr. Lambertson stated that since 1992 the number of persons who are placed in mental health hospitals has been lowered by about half. This reduction has been possible through active intervention techniques. It has been a challenge to aggressively reduce the hospital population and place these individuals in the community. He used the story of a recent patient to illustrate that community mental health centers do not have proper involvement with state operated mental health hospitals in establishing treatment plans and developing a continuum of care. An individual who had been a mental health patient in the Department of Correction (DOC) system was discharged and sent to a Division of Mental Health (DMH) facility. The community mental health center suspected the patient had been misdiagnosed by DOC but the DMH facility refused to rediagnose the patient. Finally, after about four months, the patient was taken off the incorrect medication.

Dr. Lambertson stated that the current waiting list to get into a state operated facility is about two months. The waiting period has been getting longer each year. Dr. Lambertson speculated that some state operated facilities may be keeping their patient numbers up for reasons of job security.

**Paul Wilson, Chief Executive Officer, Park Center**

Mr. Wilson stated that community mental health centers have had their number of inpatient beds reduced. Last year the Department of Correction had 81 admissions to state operated facilities. These two facts require community mental health centers to have more influence regarding which patients move in and out of the limited number of state operated inpatient beds. Park Center served about 6,000 patients during the last fiscal year, but only 2,179 were paid for by the Hoosier Assurance Plan. Park Center has not been able to give their staff a pay increase. Starting salaries range from \$19,000 for a person with a Bachelors Degree to \$25,000 for an individual with a Masters Degree. Staff turnover has increased - the patients would do better if there was consistency with the staff who cared for them. The Division of Mental Health's entire system is underfunded. However, DMH has not publicly requested more funding. Mr. Wilson believes that DMH may not be able to ask for more funding because of political constraints. He would like the legislators to see that DMH receives more funding in the next budget.

**Peg Larsen, Park Center, Court Liaison**

Ms. Larson related her observations in working with the mental health system and told the Commission several stories of patient's actual experiences. Her testimony included the following information:

- The average age of the general population of the United State is increasing. As people get older they have an increased chance of needing mental health services.
- Older individuals who receive mental health services often need general medical assistance (e.g. diabetes management).
- Throughout the state both the quality and number of people working at community mental health centers is decreasing.
- The Office of Family and Social Services has not created a place to help individuals who are dually diagnosed (i.e. suffering from both mental illness and mental retardation/developmental disability (MR/DD)).
- State hospitals are not equipped to deal with developmentally disabled

individuals who are violent.

- The State has not created a long-term plan to address the needs of mentally ill individuals or the resources that will be needed in the next ten years.

**Dr. Ajit Mukherjee, Superintendent, Ft. Wayne State Developmental Center**

Dr. Mukherjee presented the following information concerning the mentally ill, developmentally disabled, and dually diagnosed:

- Indiana has the ingredients necessary to meet the needs of developmentally disabled patients, but the State needs a system to make this happen. Indiana ranks 14th in the nation in spending for the developmentally disabled but only 47th in quality.
- People in the current developmentally disabled system are willing to listen to needs and concerns but action is not always taken on these needs and concerns. In the past nine years seven plans have been submitted to improve the service to the mentally ill and developmentally disabled but no action has been taken on any of the plans.
- The injury rate to staff who care for violent patients is very high. A forensic unit for MR/DD patients is needed.
- Superintendents from the state operated facilities need to have the authority to work directly with each other and community mental health centers to solve problems with patients, especially the dually diagnosed.
- Each year the number of patients with a mental illness or developmental disability and a geriatric health problem is increasing.
- Except for special education courses, Indiana University and Purdue University do not teach courses concerning care for the developmentally disabled. This shortage of in-state trained individuals has caused state operated facilities to recruit qualified individuals from other states and countries.

**Warren Sparrow, Executive Director, Carriage House**

Mr. Sparrow explained that Carriage House is part of an international organization that establishes local "clubhouses" to provide vocational training programs for the mentally ill. In the current mental health system there is not enough emphasis on the long-term rehabilitation of mentally ill individuals. Carriage House uses work to help these individuals become integrated into the community. Nationally about 85% of the individuals with a chronic mental illness are unemployed for a long time. Employment gives the chronically mentally ill hope for the future. Mentally ill people who work are not as likely to use emergency services as are similar individuals who are unemployed. About 110 people are attending the local Carriage House clubhouse. Thirty-six individuals are currently in jobs or educational programs. Last year \$200,000 was raised from the local community to help the Carriage House pay for expenses that were not covered under Medicaid. They have requested funding from the Office of Vocational Rehabilitation but no funding has yet been provided. Mr. Sparrow explained how the existing system of reimbursement for vocational services encourages mediocrity in service delivery by encouraging only easy placements to be worked with by the service providers. A copy of the Milestone Payment System and other documents describing the Carriage House were distributed (Exhibit #1). Payments under the Milestone Payment System are based on outcomes achieved, which encourages

the service provider to work with a broader segment of the mentally ill population.

**Costa Miller, Executive Director, Indiana Association of Rehabilitation Facilities (IN-ARF)**

Mr. Miller stated that the Carriage House is offering the state a new model for vocational rehabilitation services. However, the state has been reluctant to provide funding to Carriage House. The state has not provided a system to help patients who are dually diagnosed. He worries that Indiana is ripe for a lawsuit concerning the dually diagnosed and that a court imposed solution will cost Indiana more than the state implementing its own solution. Mr. Miller submitted a handout concerning the treatment of individuals who are dually diagnosed and the Madison Center and Logan Center's positive efforts to overcome various programmatic problems (Exhibit #2).

**Jim Jones, Executive Director, Indiana Council of Community Mental Health Centers**

Mr. Jones stated that supported employment is an important part of a mental health patient's treatment. Last year 24 of the state's 27 community mental health centers (CMHCs) provided supported employment services to about 1,850 individuals. The cost to the CMHCs was about \$3.7 million while the centers were only reimbursed \$2.4 million. Though the overall mental health system has improved, the Office of Vocational Rehabilitation has not coordinated supported employment services well with the Division of Mental Health.

Mr. Jones stated that last year many of the seriously mentally ill adults who were treated by CMHCs were not paid for by the state or private insurance. The state gives the CMHCs the authority to close their doors to new patients when the funds are exhausted. However, CMHCs do not turn away people in need. As a result of the high number of patients being served and low reimbursement, the treatment services have been thinned to provide some service for all patients. The only way that a CMHC can bring in more money is to expand into another county and serve a patient who qualifies for paid enrollment from another CMHC. This creates a system where CMHCs are working against each other. He asked that, until the mental health programs can be properly funded, a freeze be placed on the number of new providers that can be added to the mental health system. Each provider has its own administrative costs that do not add to the quality of care, and therefore drain the mental health system of its limited funds.

Representative Crosby adjourned the meeting at 4:00 p.m.